

Office of Health Care Assurance

State Licensing Section


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION


Facility's Name: Winmax Senior Care, LLC	CHAPTER 100.1
Address: 3808 Harding Avenue, Honolulu, Hawaii 96816	Inspection Date: April 17-18, 2019 Annual


THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.


YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(8) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Infection control procedures;</p> <p><u>FINDINGS</u> Resident #2 – Laundry not sanitized according to facility protocol.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-7 <u>General operational policies.</u> (a)(8) General operational policies of an ARCH or expanded ARCH shall be submitted by the applicant in writing to the department prior to licensure and shall include, but shall not be limited to:</p> <p>Infection control procedures;</p> <p><u>FINDINGS</u> Resident #2 – Laundry not sanitized according to facility protocol.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Staff to follow the Manoa Senior Care policy and procedures for bloodborne pathogen: section letter I Linens and Laundry. Bloodborne pathogen information reading material and test to be done annually by MSC.</p>	<p>4/19/2019 ongoing</p> <p></p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Tylenol 500mg tab, 2 tabs PO TID prn pain/fever. Not to exceed 3gm/24 hours” on 3/25/2019. Medication label stated, “Tylenol ES 500mg, 2 tabs PO 4 times a day prn pain/fever,” ordered on 5/31/18. Medication label and physician order do not match.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Medication label corrected on 4/19/2019 to match current physician order</p>	<p>4/19/2019</p> 


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 Medications, (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered “Tylenol 500mg tab, 2 tabs PO TID prn pain/fever. Not to exceed 3gm/24 hours” on 3/25/2019. Medication label stated, “Tylenol ES 500mg, 2 tabs PO 4 times a day prn pain/fever,” ordered on 5/31/18. Medication label and physician order do not match.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses on 4/19/2019 regarding new transcribed orders. Nurses to double check with house nurse partner to ensure all medication orders and medication labels are current and correct. All medications to have current physician orders at all times along with current dates. Nurses are aware to follow procedures as stated above.</p>	<p>4/19/2019 ongoing</p> 

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Physician ordered “Boost Plus 240cc PO BID” on 11/27/18. Physician ordered “Boost Breeze 240cc PO BID” on 11/29/18. Medication administration record (MAR) only showed “Boost Breeze” thereafter. No change or discontinue order for “Boost Plus.”</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Boost Plus DC order faxed to MD on 4/19/2019</p>	<p>4/19/2019</p> <p></p>


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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #2 – Physician ordered “Boost Plus 240cc PO BID” on 11/27/18. Physician ordered “Boost Breeze 240cc PO BID” on 11/29/18. Medication administration record (MAR) only showed “Boost Breeze” thereafter. No change or discontinue order for “Boost Plus.”</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses regarding medication orders. Medication training discussed on 4/19/2019. Nurses educated regarding discontinued medication orders, and all telephone orders to be written on physician's order form and faxed for a signature. Nurse to double check physician orders with house nurse partner every shift rotation to ensure all medications are current and correct. Nurses aware to follow procedure as stated.</p>	<p>6/13/19 r ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Medication administration record (MAR) from January 2019 through April 2019 contained on page 2 and 3 of those respective months, "January 2018," "February 2018," "March 2018," and "April 2018." Current date not on MAR.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected MAR pages 2 and 3 of months January 2019 and February 2019</p>	<p>4/19/2019</p> 

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #1 – Medication administration record (MAR) from January 2019 through April 2019 contained on page 2 and 3 of those respective months, "January 2018," "February 2018," "March 2018," and "April 2018." Current date not on MAR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses on 4/19/2019 regarding medication orders and to double check monthly MARs with house nurse partner to ensure all information are current and correct. Nurses are aware to follow procedures as stated above.</p>	<p>4/19/2019 ongoing</p> 


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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 - Physician discontinued "Nystatin cream 100k units, apply to affected areas twice a day PRN" on 3/7/2019. Discontinued medication still appeared on residents' March 2019 and April 2019 MAR.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Corrected March 2019 and April 2019 MARs on 4/19/2019 by highlighting in yellow the indicated medication that was discontinued by physician</p>	<p>4/19/2019</p> 


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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (f) Medications made available to residents shall be recorded on a flowsheet. The flowsheet shall contain the resident's name, name of the medication, frequency, time, date and by whom the medication was made available to the resident.</p> <p><u>FINDINGS</u> Resident #2 - Physician discontinued "Nystatin cream 100k units, apply to affected areas twice a day PRN" on 3/7/2019. Discontinued medication still appeared on residents' March 2019 and April 2019 MAR.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses regarding discontinued medication orders. Medication training discussed on 4/19/2019. Nurses educated regarding discontinued medication orders, and to follow medication training policy on all discontinued medications. Nurse to double check monthly MARs and new physician orders with house nurse partner every shift rotation to ensure all medications are current and correct. Nurses aware to follow procedure as stated.</p>	<p>6/13/19 ongoing</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p>FINDINGS Resident #1 – Physician discontinued “Nystatin cream 100k units, apply to affected areas twice a day PRN” on 3/7/2019. Discontinued medication found in resident’s medication bin.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Discontinued medication removed from medication bin</p>	<p>4/19/2019</p> <p></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (l) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.</p> <p><u>FINDINGS</u> Resident #1 – Physician discontinued “Nystatin cream 100k units, apply to affected areas twice a day PRN” on 3/7/2019. Discontinued medication found in resident’s medication bin.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses on 4/19/2019 regarding proper facility procedure to safely dispose discontinued medications following a DC order from the physician. Also, re-educated nurses regarding the weekly checks for expired and/or discontinued medications from the resident medication bins. All medications to have current physician orders at all times along with current dates. Weekly checks are performed by both nurses in the home to ensure that DC medications are removed from medication bins. Nurses are aware to follow procedures as stated above.</p>	<p>6/13/19 r ongoing</p>


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of resident's admission height recorded in residents' records.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(7) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Height and weight measurements taken;</p> <p><u>FINDINGS</u> Resident #2 – No documented evidence of resident's admission height recorded in residents' records.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses on 4/19/2019 regarding proper facility procedure on new resident admissions. Nurses to follow procedure as stated in the Nurse Admission Assessment that is available in all care homes. Nurses to double check with house nurse partner to ensure all sections of the Nurse Admission Assessment form is complete. Nurses are aware to follow procedures as stated above.</p>	<p>4/19/2019 ongoing</p> 

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, #5, & #7 – No documented evidence of current annual level of care evaluation (LOC) from a physician.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Level of care evaluations faxed to primary care physicians for signatures.</p>	<p>4/19/2019</p> 

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(1) During residence, records shall include:</p> <p>Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;</p> <p><u>FINDINGS</u> Resident #1, #5, & #7 – No documented evidence of current LOC from a physician.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Residents receive their annual physical examinations by their primary care physician. The DOH physical examination form to be given to primary care physician. The section for level of care to be marked and the form to be signed by primary care physician along with the annual physical examination. Resident tracking log indicates physical examination and LOC dates schedule. The tracking log assists nurses to keep resident requirements current.</p>	<p>4/19/2019 ongoing</p> 


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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;”</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the Consultant Registered Dietitian’s recommendation, “Provide snacks: sandwiches with soup or with juice or milk” was provided by the facility for resident at risk for weight loss.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(4) During residence, records shall include:</p> <p>Entries describing treatments and services rendered;”</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the Consultant Registered Dietitian’s recommendation, “Provide snacks: sandwiches with soup or with juice or milk” was provided by the facility for resident at risk for weight loss.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Documentation regarding RD recommendations added to the resident’s monthly summaries to ensure ongoing snack provisions. Nurses to double check with house nurse partner at the end of each month to ensure RD recommendation is followed and documented in the monthly summaries.</p>	<p>4/19/2019 ongoing</p> 


	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – Use of correction tape throughout case management document, “Follow-Up Expanded ARCH Assessment: Adult; Physical Assessment: Adult (page 2).”</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports. (g)</u> All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.</p> <p><u>FINDINGS</u> Resident #1 – Use of correction tape throughout case management document, “Follow-Up Expanded ARCH Assessment: Adult; Physical Assessment: Adult (page 2).”</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Completed review with case manager on 5/7/2019 regarding the MSC policy in charting. Policy states that if an error occurs in charting, one line is to be drawn through the word or sentence with the word “error” written above the line and writer’s Initials. Case manager to follow policy as stated above. At each case manager visit and evaluation, nurses are responsible to check and review the resident records completed by case managers.</p>	<p>6/13/19 ongoing</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the facility utilized the Consultant Registered Dietitian to provide nutritional assessment for resident with weight loss and poor intake in September 2018 and October 2018.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #1 – No documentation that the facility utilized the Consultant Registered Dietitian to provide nutritional assessment for resident with weight loss and poor intake in September 2018 and October 2018.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Re-educated nurses regarding weight loss parameters and poor intake for residents. A Consultant Dietitian to perform resident nutritional assessments. The nurse to determine the need for consultation/assessment and notify the dietitian for concerns such as ongoing significant weight loss, poor intake, poor wound healing etc. The dietitian to also be contacted by the nurse if a nutritional assessment is ordered by the doctor. Nurses to double check with house nurse partner at the end of each month to ensure RD recommendation is followed and documented in the monthly summaries or progress notes.</p>	<p>4/19/2019 ongoing</p> 

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<input checked="" type="checkbox"/>	<p>§11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:</p> <p>A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;</p> <p><u>FINDINGS</u> Resident #2 – No documentation that the facility utilized the Consultant Registered Dietitian to provide nutritional assessment for resident admitted on 11/28/19 with wounds. RD assessment was completed on 1/8/19.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The consultant dietitian to be utilized as specified under the policy and procedure to identify residents who may be at risk nutritionally. The nurse to determine the need for consultation/assessment and notify the dietitian for concerns such as ongoing significant weight loss, poor intake, poor wound healing, etc. The dietitian to also be contacted by the nurse if a nutritional assessment is ordered by the doctor. Nurses to double check with house nurse partner at the end of each month to ensure RD recommendation is followed and documented in the monthly summaries or progress notes.</p>	<p>4/19/2019 ongoing</p> 

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Employee #1 – No documented evidence of successful completion of twelve (12) hours of continuing education within the past twelve (12) months.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	

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<input checked="" type="checkbox"/>	<p>§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:</p> <p>Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.</p> <p><u>FINDINGS</u> Employee #1 – No documented evidence of successful completion of twelve (12) hours of continuing education within the past twelve (12) months.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Employee re-educated to submit completed courses promptly and in a timely manner to obtain full credit for the 12month period. Staff reminders are done by human resources throughout the year.</p>	<p>4/19/2019 ongoing</p> <p><i>ec</i></p>

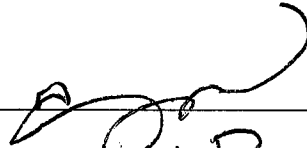
	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Alteration in Nutritional Needs care plan was not updated to reflect the resident's current weight. March: 94.2 lbs; April 96 lbs.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Discussed with Case Manager on 4/24/2019 regarding the current monthly weight information which can be obtained from MSC monthly weight sheet, and then updated into the Case Manager Monthly Visit Forms to reflect current weight. Case Manager to update goals and outcomes during monthly visits as needed.</p>	<p>4/24/19 EP</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-88 <u>Case management qualifications and services.</u> (c)(4) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:</p> <p>Update the care plan as changes occur in the expanded ARCH resident care needs, services and/or interventions;</p> <p><u>FINDINGS</u> Resident #1 – Alteration in Nutritional Needs care plan was not updated to reflect the resident's current weight. March: 94.2 lbs; April 96 lbs.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Per facility policy and procedure, the care plan will be reviewed every visit by the Case Manager. The Case Manager and the Nurse in the home to have a discussion about the resident regarding new needs/changes, and to review the care plan together. The Case Manager will make any additions/deletions directly to the care plan. The Case Manager will inform the nurse on duty of the changes. Even if no changes are made, the care plan signature sheet will be dated and initialed in the appropriate box by the Case Manager to show that it was reviewed. All staff and resident/family/responsible party will sign the "care plan signature" sheet every time the care plan is reviewed and/or after each monthly visit by the Case Manager. The Nurse is responsible to ensure that all staff in the home review and understand the changes. This includes any new staff that comes into the home to work. DONs to review care plans monthly with staff and case manager.</p>	

Licensee's/Administrator's Signature: _____

Print Name: _____


Date: _____


AMY PARUNGAO
5/20/19

Licensee's/Administrator's Signature: _____

Print Name: _____

Date: _____


Lora Garcia
6/13/19